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| TO:  [Purchaser Name]  [Company Name]  [Street Address]  [City, ST ZIP Code]  [Phone Number] | | | | SHIP TO:  [Recipient Name]  [Company Name]  [Street Address]  [City, ST ZIP Code]  [Phone Number] | | | | | | P.O. Number:  [P.O. number]  [The P.O. number must appear on all related correspondence, shipping papers, and invoices] | | | |
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| 1. Please send two copies of your invoice. 2. Enter this order in accordance with the prices, terms, delivery method, and specifications listed above. 3. Please notify us immediately if you are unable to ship as specified. 4. Send all correspondence to:   © DocTemplates.Net  [Street Address] [City, ST ZIP Code]  [Phone Number]  [Fax Number] | | | | | |  | SHIPPING AND HANDLING | | | | | |  |
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